

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

City of Opp, Alabama  
An Alabama Municipal Corp  
106 North Main Street  
Opp, AL 36467

## 2. Article #

(Transfe 7005 0390 0000 5263 4653

PS Form 3811, February 2004

Domestic Return Receipt

## A. Signature

*X Estelle Edm*

Agent

Addressee

## B. Received by (Printed Name)

10-05-05

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

2:05CV934-T

JTE

620

## 3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540